



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Dunkley et al. Application No: 10/821.624 Confirmation No: 8935 Filed: April 9, 2004 Title: AEROSOLIZATION APPARATUS WITH CAPSULE PUNCTURE ALIGNMENT GUIDE		Group No: 3771 Examiner: Shumaya B. Ali Attorney Docket No: 0197.00 March 14, 2008 San Francisco, CA 94107																			
Commissioner for Patents Mail Stop AF P.O. Box 1450 Alexandria, VA 22313-1450		Extension of Time <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136 <input type="checkbox"/>																			
Papers Enclosed <input checked="" type="checkbox"/> Notice of Appeal <input type="checkbox"/> Declaration <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Extension (Months)</th> <th colspan="2" style="text-align: center;">Extension Fee</th> </tr> <tr> <th></th> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> <tr> <td><input type="checkbox"/> One Month</td> <td style="text-align: center;">\$120.00</td> <td style="text-align: center;">\$60.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two Months</td> <td style="text-align: center;">\$460.00</td> <td style="text-align: center;">\$230.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td style="text-align: center;">\$1050.00</td> <td style="text-align: center;">\$525.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">Total \$ 460.00</td> </tr> </table> <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		Extension (Months)	Extension Fee			Large Entity	Small Entity	<input type="checkbox"/> One Month	\$120.00	\$60.00	<input checked="" type="checkbox"/> Two Months	\$460.00	\$230.00	<input type="checkbox"/> Three Months	\$1050.00	\$525.00	Total \$ 460.00		
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Fees for Extra Claims																					
	Claims remaining after amendment	Highest number previously paid for	Number Extra	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Rate</th> <th rowspan="2" style="text-align: center;">Additional Fee</th> </tr> <tr> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> </table>	Rate		Additional Fee	Large Entity	Small Entity												
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Total Claims	11	46	0	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">\$50.00</td> <td style="text-align: center;">\$25.00</td> <td style="text-align: center;">\$0.00</td> </tr> </table>	\$50.00	\$25.00	\$0.00														
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Independent Claims	2	5	0	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">\$210.00</td> <td style="text-align: center;">\$105.00</td> <td style="text-align: center;">\$0.00</td> </tr> </table>	\$210.00	\$105.00	\$0.00														
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Multiple Dependent Claims				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">\$370.00</td> <td style="text-align: center;">\$185.00</td> <td style="text-align: center;">\$0.00</td> </tr> </table>	\$370.00	\$185.00	\$0.00														
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Supplemental Information Disclosure Statement																					
Total				\$0.00																	
Fee Payment		Fee Deficiency																			
Extension Fees	\$460.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .																			
Fees for Extra Claims	\$ 0.00																				
Notice of Appeal Fee	\$510.00																				
Total	\$970.00																				
<input type="checkbox"/> Attached is check no. _____ in the sum of \$ _____. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$970.00 .		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555. Please send all correspondence to:																			
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent Office, deposited with the U.S. Postal Service as first class mail with sufficient postage in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or electronically filed via EFS, on the date shown below.		Guy V. Tucker Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107-2001																			
By:  Date: <u>March 14, 2008</u> Leslie Mills		Respectfully Submitted:  Date: <u>March 14, 2008</u> Guy V. Tucker Registration No. 45,302																			